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# **COVER LETTER**

	New Filing Section Division of Corporations					
cha tira aire zin	Fairfield Oaks, LLC					
SUBJEC	Name of Limited Liability Company					
The enclo	sed Articles of Organization and fee(s	) are submitted	for filing.			
Please reti	urn all correspondence concerning this	s matter to the f	ollowing:			
	Darryl J. Tompkins, Esquire					
		Name of	Person			
	Darryl J. Tompkins, P.A.					
		Firm/Co	npany			
	Post Office Box 519					
		Addre	SS			
	Alachua, Florída 32616					
		City/State and	Zip Code			
	E-mail address: (to be u	sed for future ar	nnual report notific	ation)		
For further i	nformation concerning this matter, ple	ease call:				
	Darryl J. Tompkins	386	418-1000			
	Name of Person	Area Code	Daytime Telepho	one Number		
Enclosed is	s a check for the following amount:					
]\$125.00 Fi	lling Fee \$130.00 Filing Fee & Certificate of Status	Certifie	Filing Fee & I Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address	S	treet Address			

New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Fairtield Oaks, LL		* * * ****	ALC " NIC"	_
· (Must co.	ntain the words "Limited	Liability Company,	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limited	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Address:	
18300 NW US Hig	hway 441	Post	Office Box 1932	_
High Springs, Flori	da 32643	<u> High</u>	Springs, Florida 32655	_
ARTICLE III - Registered A: (The Limited Liability Compar				····
(The Limited Liability Compar another business entity with an	ny cannot serve as its own active Florida registration	Registered Agent. Yon.)	e's Signature: ou must designate an individual or	
(The Limited Liability Compar	ny cannot serve as its own active Florida registration	Registered Agent. Yon.)		5. <b>18</b>
(The Limited Liability Compar another business entity with an	ny cannot serve as its own active Florida registration	Registered Agent. Yon.)		18 HA
(The Limited Liability Compar another business entity with an	y cannot serve as its own active Florida registration taddress of the registered	Registered Agent. Yon.)		18 HAR -
(The Limited Liability Compar another business entity with an	y cannot serve as its own active Florida registration taddress of the registered	Registered Agent. Yon.) d agent are:  Name		FAR-1
(The Limited Liability Compar another business entity with an	y cannot serve as its own active Florida registration address of the registered Brenda C. Forrester	Registered Agent. Yon.) I agent are: Name	ou must designate an individual or	FAR-1
(The Limited Liability Compar another business entity with an	y cannot serve as its own active Florida registration address of the registered Brenda C. Forrester  18300 NW US Hight	Registered Agent. Yon.) I agent are: Name	ou must designate an individual or	18 HAR -1 PH IZ:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I turther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

registered regent a signature (regor

(CONTINUED)

## ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

	Title:	Name and Address:		
	"AMBR" = Authorized Member			
	"MGR" = Manager			
•	MGR	James P. Forrester	_	
		Post Office Box 1932	<u>.</u>	
		High Springs, Florida 32655	_	
	MGR	Ray W. Forrester		
	2 / 2 / 3 / 2 / 3 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4	266 Blue Bird Lane	-	
		Rainbow City, Alabama 35906	- -A	
		par yes	<u> </u>	
	MGR	Brenda C. Forrester	MAR.	
	ATA CAN	Post Office Box 1932	· 🛪	1
		High Springs, Florida 32655		a gerjagtel
		Tright Springs, Florida 32000		f.
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	(Use attachment if necessary)	NIP		
Note: 1 the doct	of filing.) If the date inserted in this block does not meet the ument's effective date on the Department of State.  LE VI: Other provisions, if any.	applicable statutory filing requirements, this date will no 's records.	ot be lis	ed as
	REOURED SIGNATURE:	4/		
	ami	Munt		
	This document is executed in accurate in accurate that any false informations at third degree felony and the second secon	r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes, ation submitted in a document to the Department of State as provided for in s.817.155, F.S.  I or printed name of signee		
		Filing Fees:		

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)